

Maine Residents Property Tax and Rent Refund Application

For Property Tax Assessed in 2005 or
Rent Paid during 2005



STEP 1 Print Neatly in Blue or Black Ink, Using Upper Case Letters	<div>IMPORTANT! You must enter your SSN(s) and date(s) of birth below.</div> <div>Your Social Security Number ____ - ____ - ____ Your Date of Birth ____ - ____ - ____ Spouse's Social Security Number ____ - ____ - ____ Spouse's Date of Birth ____ - ____ - ____ Your Telephone Number ____ - ____ - ____</div>																					
	<div><table border="1"><tr><td>Your First Name</td><td>MI</td><td>Your Last Name</td></tr><tr><td>Spouse's First Name</td><td>MI</td><td>Spouse's Last Name</td></tr><tr><td colspan="3">Mailing Address (PO Box, number, street and apt. no)</td></tr><tr><td>City</td><td>State</td><td>Zip Code</td></tr></table><div>If <u>applicant</u> named above died during 2005, 2006 or 2007, enter date of death: _____ → (Month) - (Day) - (Year) If <u>spouse</u> died during 2005, 2006 or 2007, enter date of death: _____ → (Month) - (Day) - (Year)</div></div>		Your First Name	MI	Your Last Name	Spouse's First Name	MI	Spouse's Last Name	Mailing Address (PO Box, number, street and apt. no)			City	State	Zip Code								
Your First Name	MI	Your Last Name																				
Spouse's First Name	MI	Spouse's Last Name																				
Mailing Address (PO Box, number, street and apt. no)																						
City	State	Zip Code																				
STEP 2 Answer Each Question	<div>BE SURE TO ANSWER "Yes" or "No" to each question. YOUR REFUND WILL BE DELAYED IF YOUR APPLICATION IS NOT COMPLETE.</div> <table><thead><tr><th></th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>1a. Do you receive <u>any</u> federal disability payments such as social security disability benefits or supplemental security income disability benefits?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>1b. Does your spouse receive <u>any</u> federal disability payments such as social security disability benefits or supplemental security income disability benefits?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>1c. Were you a Maine resident for all of 2005?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>1d. Did you have a home or apartment in Maine for all of 2005 and live in your home or apartment for at least 6 months of 2005?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>1e. Whether you owned or rented your home, did you rent part of your home to others or use part of it for a business?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table> <div>2. Physical location of property where you lived during 2005 (if different from mailing address above): _____ If you paid rent in 2005, list your landlord's name and telephone number: _____</div>			Yes	No	1a. Do you receive <u>any</u> federal disability payments such as social security disability benefits or supplemental security income disability benefits?	<input type="checkbox"/>	<input type="checkbox"/>	1b. Does your spouse receive <u>any</u> federal disability payments such as social security disability benefits or supplemental security income disability benefits?	<input type="checkbox"/>	<input type="checkbox"/>	1c. Were you a Maine resident for all of 2005?	<input type="checkbox"/>	<input type="checkbox"/>	1d. Did you have a home or apartment in Maine for all of 2005 and live in your home or apartment for at least 6 months of 2005?	<input type="checkbox"/>	<input type="checkbox"/>	1e. Whether you owned or rented your home, did you rent part of your home to others or use part of it for a business?	<input type="checkbox"/>	<input type="checkbox"/>		
	Yes	No																				
1a. Do you receive <u>any</u> federal disability payments such as social security disability benefits or supplemental security income disability benefits?	<input type="checkbox"/>	<input type="checkbox"/>																				
1b. Does your spouse receive <u>any</u> federal disability payments such as social security disability benefits or supplemental security income disability benefits?	<input type="checkbox"/>	<input type="checkbox"/>																				
1c. Were you a Maine resident for all of 2005?	<input type="checkbox"/>	<input type="checkbox"/>																				
1d. Did you have a home or apartment in Maine for all of 2005 and live in your home or apartment for at least 6 months of 2005?	<input type="checkbox"/>	<input type="checkbox"/>																				
1e. Whether you owned or rented your home, did you rent part of your home to others or use part of it for a business?	<input type="checkbox"/>	<input type="checkbox"/>																				
STEP 3 Enter Your Dependents	<div>3. Dependents. How many dependents do you have (DO NOT INCLUDE YOU OR YOUR SPOUSE)? List your dependents below. If you have more than 2 dependents, list them on a separate sheet of paper.</div> <table><thead><tr><th>Dependent's First Name</th><th>Dependent's Social Security Number</th><th>3a. Does this dependent receive <u>any</u> federal disability payments such as social security disability benefits or supplemental security income disability benefits?</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>Dependent's Last Name</td><td>Dependent's Date of Birth</td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Dependent's First Name</td><td>Dependent's Social Security Number</td><td>3b. Does this dependent receive <u>any</u> federal disability payments such as social security disability benefits or supplemental security income disability benefits?</td><td>Yes</td><td>No</td></tr><tr><td>Dependent's Last Name</td><td>Dependent's Date of Birth</td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>		Dependent's First Name	Dependent's Social Security Number	3a. Does this dependent receive <u>any</u> federal disability payments such as social security disability benefits or supplemental security income disability benefits?	Yes	No	Dependent's Last Name	Dependent's Date of Birth		<input type="checkbox"/>	<input type="checkbox"/>	Dependent's First Name	Dependent's Social Security Number	3b. Does this dependent receive <u>any</u> federal disability payments such as social security disability benefits or supplemental security income disability benefits?	Yes	No	Dependent's Last Name	Dependent's Date of Birth		<input type="checkbox"/>	<input type="checkbox"/>
Dependent's First Name	Dependent's Social Security Number	3a. Does this dependent receive <u>any</u> federal disability payments such as social security disability benefits or supplemental security income disability benefits?	Yes	No																		
Dependent's Last Name	Dependent's Date of Birth		<input type="checkbox"/>	<input type="checkbox"/>																		
Dependent's First Name	Dependent's Social Security Number	3b. Does this dependent receive <u>any</u> federal disability payments such as social security disability benefits or supplemental security income disability benefits?	Yes	No																		
Dependent's Last Name	Dependent's Date of Birth		<input type="checkbox"/>	<input type="checkbox"/>																		
STEP 4 Enter your Property Tax or Rent	<div>4. Enter property tax assessed on your home in 2005 (See instructions on pages 6 and 7) 4. \$ _____, _____. (If your property tax bill is more than \$2,500, attach the copy of the tax bill that has your name on it.) a. Was your home on a rented lot? 4a. <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>5. Enter total rent you paid on your home or lot in 2005 (Do <u>not</u> include mortgage payments) 5. \$ _____, _____. (If your rent is over \$9,000, attach copies of your rent receipts.) a. Does the rent on line 5 include heat? 5a. <input type="checkbox"/> Yes <input type="checkbox"/> No b. Was your rent reduced or paid in part by the government? 5b. <input type="checkbox"/> Yes <input type="checkbox"/> No</div>																					

**Tax and Rent Refund Application
(page 2)**



00

This application must be filed no later than May 31, 2007

0603701

STEP 5
Annual Household Income

6. ANNUAL HOUSEHOLD INCOME FOR 2005 (Total amount for Applicant, Spouse, and Dependents)

- a. Maine adjusted gross income (total for all household members. See instructions)..... **6a. \$** _____
- Note: If no member of the household filed a 2005 Maine income tax return, leave this line blank and go to line 6c.**
- b. **Loss Add-Back** (see instructions on page 7) **6b. \$** _____
- c. **Additional income not included on line 6a above** (See instructions on pages 7 through 9)
- (1) Salaries, Wages..... _____
 - (2) Dividends, Interest - all sources..... _____
 - (3) Social Security, Railroad Retirement, Annuities, Pensions,
Veterans Compensation, ROTH IRAs _____
 - (4) Pension Income Deduction claimed on your Maine income tax return ... _____
 - (5) Deferred Compensation and Employee Contributions to Pension,
Annuity or Retirement Plans _____
 - (6) Cash Public Assistance, TANF _____
 - (7) Child Support Payments _____
 - (8) State Supplemental Income (**This is not social security income**) _____
 - (9) Any other income (see pages 8 and 9 for types of income to list) _____
- Add lines (1) through (9) above**..... **6c. \$** _____
- d. Add lines 6a, 6b and 6c **6d. \$** _____
- e. Rollovers of IRA, Pension, or Annuities and Property Tax Program Refunds only if included
on line 6a above. (**See instructions on page 9** before entering an amount on this line.) .. **6e. \$** _____
- f. Total household income (subtract line 6e from line 6d) **6f. \$** _____

STEP 6
Direct Deposit

7. Direct Deposit Information — If you want your refund sent directly to your bank account, see instructions on page 9 and fill in the blocks below. **NOTE:** Completing the information below authorizes Maine Revenue Services to disclose your social security number, listed on the front of this form, to your financial institution for the sole purpose of depositing your refund directly into your bank account.

7a. Routing Number: _____ 7b. Account Number: _____ 7c. Type of Account: ☐ Checking ☐ Savings

STEP 7
Third Party Designee

8. Third Party Designee (see instructions on page 9): Do you want to allow another person to discuss this return with Maine Revenue Services?..... ☐ **Yes** (complete the following). ☐ **No.**

Designee's name: _____ Phone number: _____ 5-digit Personal identification number:

Under penalties of perjury, I declare that I have examined this application and to the best of my knowledge and belief, it is true, correct, and complete. Applications may be audited either before or after refunds are issued. Refunds may be applied to other outstanding government debts you may owe.

Signature of Applicant _____ Date _____ Signature of Preparer other than Applicant _____ Date _____

If you I-File your application, you will receive a 9-digit confirmation number after you have successfully completed the application process. You must write this number below and **keep this application for your records**. It is proof that you filed an application.

CONFIRMATION NUMBER:

NOTE: If you **do not** I-file, leave this information blank and mail this application to Maine Revenue Services in the envelope provided.

Mail your application in the envelope provided.
Maine Revenue Services, PO Box 9116, Augusta, ME 04332-9116

Office Use only: ☐ TB ☐ FR ☐ ☐